

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSIO

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)					
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Tsujimura	Rick		521-9500		
MAILING ADDRESS (Street)			FAX		
745 Fort Street Mall, 17 <sup>th</sup> Floor			541-9050		
(City)	(State)		(Zip Code)		
Honolulu,	Hawaii	9681	96813		
EMPLOYING ORGANIZATION (Fill in only if you N/A	are employed by a business entity	which has been retained to lobby)	TELEPHONE		
MAILING ADDRESS (Street)			FAX		
(City)	(State)	(Zip (	Code)		
PART II ORGANIZATION					

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do	TELEPHONE	
Mortgage Bankers Association of Hawaii		372-8358
MAILING ADDRESS (Street)		FAX
P.O. Box 4129		356-4001
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96812
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Gayle P. Ishima		372-8358
MAILING ADDRESS (Street)		FAX
P.O. Box 4129		356-4001
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96812
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
PART III DESCRIPTION	OF SUBSECTS OF OR WITH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
[ ] Agriculture	[ ] Education	[ ] Human Services	[ ] Science, Technology & Economic Development			
[ ] Communications & Public Utilities	[ ] Government Operations & Finance	[ ] Intergovernmental Relations, International Affairs	[ ] Tourism & Recreation			
[x] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[ ] Transportation			
[ ] Culture, Arts, Historic Preservation	[ ] Health	[ ] Planning, Land & Water Use Management	[ ] Other: (indicate below)			
[ ] Ecology, Energy Environmental Protection	[ ] Housing	[ ] Public Safety & Corrections				
PART IV CERTIFICATION	N OF LOBBYIST					
I hereby certify that the	e information furnished above	e is, to the best of my knowledge	, correct and complete.			
1/1/2016	100	/2	12/106			
(Signature of Lobbyist) /2/21/06 (Date)						
	(digitature of Eobbyist)					
PART V AUTHORIZATION	ON TO WBBY					
NAME		TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED			
Gayle Ishima		President				
NAME OF ORGANIZATION (if applicable)			ELEPHONE			
Mortgage Bankers Association of Hawaii			72-8358			
• •						
MAILING ADDRESS (Street)			AX			
P.O. Box 4129			56- <b>4</b> 001			
(City) (State) (Zip			de)			
Honolulu	Hawaii 968					
I hereby authorize the	above - named person to en	gage in lobbying activities on be	half of the undersigned.			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
[	Tayle P. Johnna Jurg of Authorizing Officer or Perso	De	c 27, 200b			
(Sign:	aure of Authorizing Officer or Perso	n Represented)	(Date)			